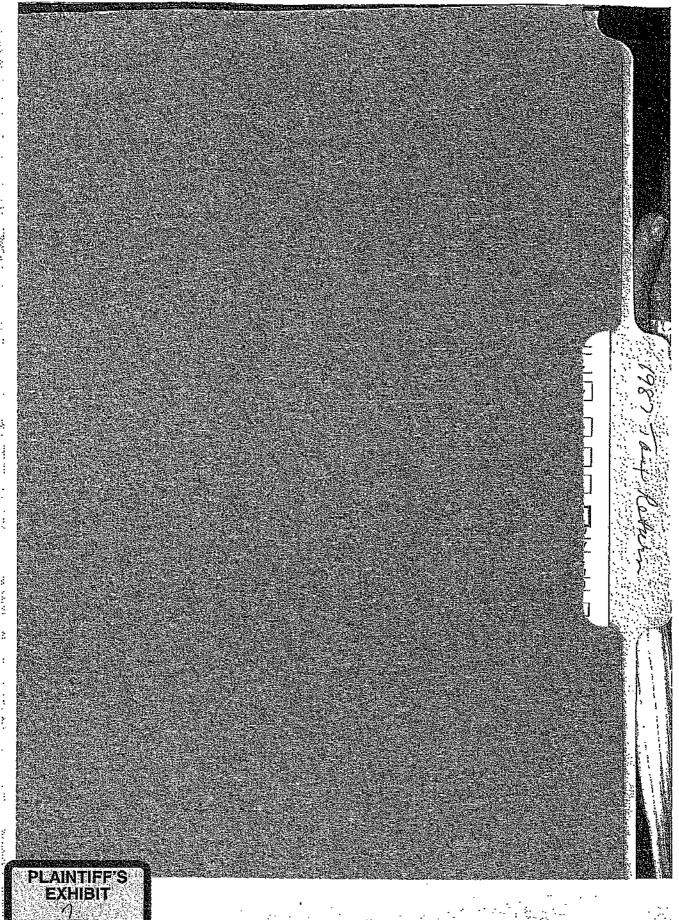
Exhibit 7



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| <u> 104</u> | th f | epartment of the Treasury—Internet New I.S. Individual Income T | x Rei | | 1 | | - | | | |
| | , | or the year Jan. Dec. 31, 1987, or other ter | ysar hegir | ning 19 | B7, anding | · | 19 | Jo | MB No, 15 | 4F 000 |
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| Exemplions | | Gautium: If you can be rtained as a de do not check box 6a. But be | pendant c | n another person is text in Ack the how on five 90% o | itum (such as your pa | renti' cetu | m), | No. 6[1 | poues | |
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| | ¥. | il your child oldn't live with you but is claim | <u>:</u> | | | <u>L</u> | اپ | | | |
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| | 7 | Wages, salaries, tips, etc. (attach Fo) | ns/c) ULS | n | | | - | boxes ab | | اليسسية |
| Income | 8 | Taxable interest income (also attach | Sékadula | # If some Ed Arts | | | : | 2.54 | | 57 |
| Please attach | 9 | Tax-exempt interest income (see page | tan dan | Tindudaantan e Q | 1 | 700 | | | 282 | 67 |
| Copy B of your Forms W-2, W-2G, | 10 | Dividend Income (also strach Schedu | la R II am | venner mer ter | - | | 10 | | 942 | |
| and W-2P here. | 12 | Taxable relands of state and local incom | se taxes i | fany ferm werkeland yn | nam 11 officerosti | | | | 442 | 99 |
| If you do not have | 12 | Alimony received | | enit men mikanabatan | ibaka 11 ni isembeni | | 12 | | A.415 | 177 |
| a W-2, see | 13 | Dusiness Income or (loss) (attach Sci | edule Cl | | | | 13 | | | 1 1 |
| page 6 of instructions. | 14 | Capital gain or (loss) (attach Schedul | (D) | | | | 4 | | | - |
| | 15 | Other gains or (losses) (attach Form 4 | 1797) | | | | 5 | | | <u> </u> |
| - | 1 6 a | Pensions, IRA distributions, annuities, a | no rollove | ts. Total received 164 | εĺ. | , , , , | | | | 1 |
| 1 | đ | Taxable emount (see page 11). | | | | | 6b | | | ! |
| <u> </u> | 17 | Rents, royallies, partmerships, estates | , trusis, e | ero. (affach Schedale E | . | | 7 | | | 1 |
| 1 , | 10 | Farm Income or (loss) (attach Schedu | lef) | | | | 8 | | | |
| | 19 | Unemployment compensation (insure | nce) (see | page 11) | | | 9 | | | |
| Please attach check | 20a | Social security benefits (see page 12) | | 200 | | | | | | |
| or tribuely | þ | Taxable amount, if any, from the work | sheeton | page 12 | | 20 | ъ | | | |
| order here. | 21 | Other income (list type and amount- | see page | 12) NYS Latter | ¥ | 2 | | | 45 | 00 |
| · · · · · · · · · · · · · · · · · · · | 22 | Add the amounts shown in the far right c | opount pi | lines 7, 8, and 10-21, T | his is your total inco | no 🕨 2 | z | 226 | 842 | 23 |
| 0 dy | 23 | Reimbursed employee boriness expen | ses from | Form 2106 23 | | 733 | | | | |
| Adjustments | 24a | Your IRA deduction, from applicable w | orksheet | on page 13 or 14 242 | | | | | • | |
| to income | b | Spouse's IRA deduction, from applicable works | heel on pag | e 13 er 14 | ı] | | | | | |
| | 25 | Self-employed health insurance deduction, i | श्रीतम तत्त्वती | heet an page 34 25 | | | | | | |
| _ | 26 | Keagh retirement plan and self-omplo | red SEP i | leduction 26 | 7 | | | | | ĺ |
| (See instantions | 27 | Penalty on early withdrawai of savings | | 27 | | | | | | 1 |
| instructions on page 12.) | 28 . | Alimony paid (recipient's fest name _ | | | | | | | | |
| - • | ; | and speial security no | 1 | 28 | | | ///////////////////////////////////// | | | l |
| National and | 29 | Add lines 23 through 28. Those are yo | or total z | djusimania , 📜 . | | . > 2 | 9 | | | 00 |
| Adjusted . | 30 | Subtract line 29 from line 22. This is \$15,432 and a child lived with you | your adj | isted gross income, # | this line is less the | | 1 | | | [|
| Gress Income | ! | 15,432 and a child lived with you, a he instructions. If you want iRS to fig. | ge your to | ex, sec page 15 of the l | nst <u>ructions</u> | , p 3 | D | 284 | 842 | 23 |
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| town to to 1 | 3: | 7 4 4 | B-1. |
| Tex | | The state of the s | 31 286, 342 8 |
| Compu- | 3, | 24 Check if: You were 65 or over Blind: Spouse was 65 or over Blind. | 7 7 7 2 |
| fation | | And the number of boxes checked and enter the total here | |
| IGTARIT | | a you can be claimed as a dependent on another person's return, clarck here | ///// |
| | | or you are interied filter a sengrate values and store sensor Barelon and | |
| | | the design of the state of the | |
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| | | | 332 90 142 72 |
| Cantions If you | 4 | h Standard deduction. Read Caution to left. If it applies, see page 16 for the amount to enter. If Gaution doesn't Single or Hand of Keynolds 16 for the amount to enter. | CONTRACT OF THE PARTY OF THE PA |
| checkedani | ŧ | | |
| box on thre 32s, b, or c | | apply and your filing Married filing jointly or Qualitying whouse), unter \$3,760 | 33b |
| and you | 34 | · · · · · · · · · · · · · · · · · · · | |
| den't | 35 | | 34 196, 699 05 |
| itembre, see page 16 for | 36 | Taxable income. Subtract tion 25 4- 1- 10 Co. 1 | 35 3,500 00 |
| the amount | | Taxable income. Subtract line 35 from line 34. Enter the result (but not less than zero) | 35 192,899 es |
| to enter on Une 33h. | | Caution: if under age 14 and you have more than \$1,000 of investment income, check hore and see page 16 in see if you have to use Form 8615 to figure your tex. | |
| 1810000 | 37 | Entertor Constitut Chartes Star | |
| | 38 | The state of the s | 27 64, 206 13 |
| | 39 | | 38 |
| | 40 | Credit for child and day. | 9 64, 806 13 |
| Credits | 41 | with the bild department care expenses (affacts Form 2441) 40 | |
| (See | -4.1 | Crudit for the elderly or for the personnently and totally disabled (attach Schedule R) | |
| Instructions | 42 | | |
| to page 17.) | 43 | The street of the country of the cou | 12 |
| | 44 | Subtract line 42 from line 39. Enter the result (but not less than zero) | 3 64,204 13 |
| | 45 | Foreign tax esedii (ottech Form 1116) | |
| | 7.5 | General business credit. Check if from Grow 3800. Form 3463. | |
| | 46 | Form 5884, Form 6478, Form 6765, or Form 8585 45 | |
| | 47 | Add thes 44 and 45. Enter the total | 8 |
| | 48 | Subtract line 45 from line 43. Enter the result (but not less than zero) | 7 64. 206 13 |
| Other | 49 | Self-omployment tox (attach Schedule SE) | |
| Taxes | 5D | Alternative minimum tex (ettech Furm 6251) | 9 |
| (including | 51 | Tax from recapture of investment credit (elinch Form 4255) | 0 |
| Advance EIC Payments) | 52 | Social security law on hip income not reported to employer (attach Form 4137) | 1 |
| · vymentaj | 53 | Tex on an IRA or a qualified retirement plan (attach Form 5329) | 2 |
| | | Add lines 47 through 52. Titls is your total tex | 3 44, 204 13 |
| Payments | 64 ** | Federal Income tax withheld (Including tax shown on Form(s) 1099) 54 47, 673 Gp | |
| e miterrated | 56 | 1987 estimated lax payments and amount applied from 1986 return 58 | |
| Attach Forms | 56 | Earned Income credit (see page 18) | |
| W-2, W-2G, and W-2P | 57 | Amount paid with Form 4B58 (extension request). 57 | M 1. |
| to front. | 5B | Excess social security tax and BRTA tax withheld (see page 10) 58 3 / 3 / 70 | 20 |
| | 59 60 | Credit for Federal tay on gasoline and special fuels (allact form 4136) 59 | |
| | 90 | TOPE UNITED IN TOPINS THE COMPANY CITED IN COMPANY COM | |
| · · · · · · · · · · · · · · · · · · · | | Add lines 54 through 60. These are your total payments | \$2,945 30 |
| Safrand au | 62 | If tine 63 is larger than tine 53, enter amount OVERPAID | |
| tefund or Imount | 63 | Amount of line 62 to be REFTINDED TO YOU | |
| ios ()As automit | 64 65 | Attributing of line bit to be applied to your 1988 estimated by | |
| INT TAKE | 4.7 | If line 53 is larger than line 51, enter AMOUNT YOU OWE. Attach check or morey order for full antional payable to "Internal Revenue Service." Wile your social security number, daytime phone amober, and "1987 Form 7040" on it. | |
| | | number, and "1987 Form 1000" on the | 11. 240 83 |
| | | GRESS P [1 if Form 2210 (2210F) is attacked, See page 20. Penalty; \$ | |
| | Under p | panellies of perjury, I declare that I have examined this return and accompanying schedules and statements, and in t | the limit of our branching and |
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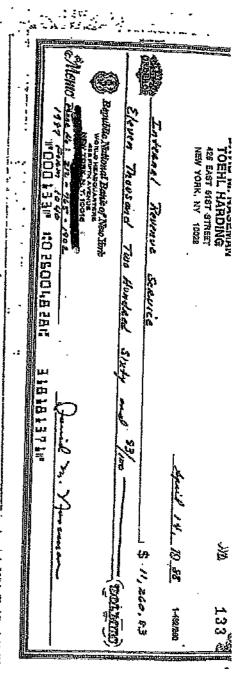
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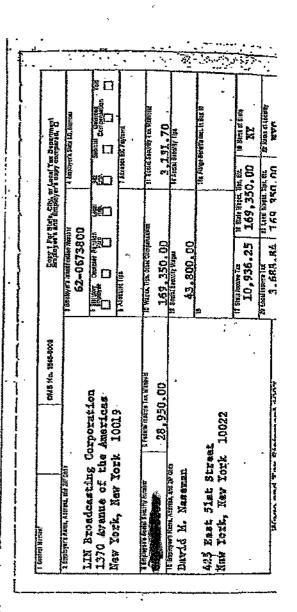
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| | 33 | Medical and | ental expenses (from federa | i Schedula A. | Fine 4) | 33 | 1 | - | | · / / / / / / / - | Ц, |
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| • | SCHEDULES AND | | 1 44.2 \$U.C |
| • | (Form 1040) | Schedule A—Itemized Deductions | |
| | Department of the Treasury Internal Revenue Service | Grand Deductions | |
| | Name(s) as shown on Form 1091 | (Schedule B is on back) | OMBNo. 1545 |
| - | - David M. | Attach to Form 1940. Sectinstructions for Schedules A and B (Form 1940). Wasconery | 100 |
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| | Denial Expenses 18 Pre | gordness Handlers | Your social security our |
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| Ír | See | authores, eyeglasses, etc.) | |
| Q | ^{n page} 21.) 2 Add n | Don 1- Al | |
| | 3 Muliip | lly the amount on Form 1040, fine 31, by 7.5% (.075) | |
| Ţa | res You Subtra | in the amount on Form 1040, fine 31, by 7.5% (.075) Sales taxes are no longer deductible. | |
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| . (Se | re v siate a fructions 6 Real es | nd local income taxes | |
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| inte | rest You 8 Add the | amounts on lines 5 through 7. Enter the total here. Total taxes \$ 8 (5/86 and at any time to 100 to | |
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| ton Wagi | e Lea Cash contib | utions. (If you gave \$3,000 or more to any one result 12b 5,173 59 report those contributions on line 14b.) | |
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| Miscellaneou Deductions | is 20 (Interiorbeta) | IS.) . See page 24 | |
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